

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #1 - INITIAL REQUEST

Petitioner

IV-D Case:

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TANF

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IV-E Foster Care

☐

Medicaid Only

☐

Former Assistance

☐

Never Assistance

Non-IV-D Case:

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File Stamp

Respondent

To: (Agency Name and Address)Responding FIPS Code _____ State Iowa

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Iowa IV-D Child Support Recovery Unit

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Send Payments To: (if different from above)

Payment FIPS Code _____ State _____

Bank Account _____ Routing Code _____

Initiating Jurisdiction

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URES

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UIFSA

State with Continuing Exclusive Jurisdiction (CEJ)

ACKNOWLEDGMENTS

Return This Form to Initiating State

☐ Request Received and No Additional Information is Necessary☐ Additional Information Needed☐ Arrears Statement/Payment History☐ Uniform Support Petition☐ General Testimony/Affidavit☐ Affidavit in Support of Establishing Paternity☐ Acknowledgment of Parentage☐ Other Documents Relating to Paternity☐ Support Order(s)☐ Divorce Decree☐ Assignment of Rights☐ Description of Real/Personal Property☐ Photograph of Respondent☐ Other (See Remarks)☐ Statement of Registration☐ Remarks/Response☐ Your Case has been Forwarded for Action to:

Name of Worker

Address Line 1

Address Line 2

City, State Zip

Voice:

FAX:

Phone

Date

Person Completing Form (Print or Type)

Telephone Number & Extension

Fax Number